Name in Full: Infant of James A. Ashbridge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb. County: Allegany

Date of death: 1904 Month: 1 Day: 27 Age: Years — Months — Days 1

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: James Ashbridge 150 Father's Birthplace: Md

Mother's Maiden Name: Ella Ebenhauser Mother's Birthplace: Md

Name of person giving Imformation: James Ashbridge How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis Duration: Dale

Immediate: Exhaustion Duration: How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. McDonald, M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Bernadetta Charlotta Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allegany

Date of death 1904: Month: Jan — Day: 16

Age: Years: 22 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Savage

Married, Single or Widowed: Single — Occupation: Housegirl

Name of Wife or Husband:

Father's Name: John L. Barrett — Father's Birthplace: Pa

Mother's Maiden Name: Maria Stevens — Mother's Birthplace: Md

Name of person giving information: Annie Barrett — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 1 year 3 mos.

Immediate: Exhaustion — How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Allen E. Murray M.D.

Address: Md Savage Md

Accident or Suicide? Accident

LIBRARY BUREAU A85516

Name in Full: James Edward Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage; County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1901: Month: Jan; Day: 2; Age: Years: 7; Months: 3; Days: 4

Sex: Male; Color or Race: White; Birthplace: Mt. Savage Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: James Edward Barrett; Father's Birthplace: Mt. Savage Md

Mother's Maiden Name: Mary Virginia Lucky; Mother's Birthplace: Washington D.C.

Name of person giving information: J. E. Barrett; How related to deceased: Father

CAUSES OF DEATH

TO BE FILLED BY PHYSICIAN OR CORONER

Primary: Pneumonia; How long: all its life

Immediate: Worms; How long: Several months

Are the name, age, sex, color, date and place correctly given above? Jas

Signature of Physician: Edward Landers

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Joseph Thomas Benson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death: Month: June — Day: 28 — 1904

Age: Years: 15 — Months: 7 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Frostburg

Occupation: Engineer — Where Residing if not at place of death: Frostburg

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: J. H. Benson — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Nellie Baughman — Mother's Birthplace: Md

Name of person giving Information: Mrs. Robt. Scott — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injured in accident — How long:

Immediate: Shock — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Carey

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary Burkhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

Date of death: Month: Jan. | Day: 22 | Years: 48 | Months | Days

Sex: Female. | Color or Race: White | Birthplace: Ireland

Occupation: Housework. | Where Residing if not at place of death

Married, Single or Widowed: Married | Name of Wife or Husband: Jack Burkhart

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Imformation | How related to deceased

27.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 7 mos.

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Foyer

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: infant of G.G. Blair

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frosts — County: Allegany

Date of death: Month: Jany — Day: 13 — Years: — Months: — Days: 1 —

Sex: Male. — Color or Race: White — Birthplace: Frosts.

Occupation: — — Where Residing if not at place of death: -

Married, Single or Widowed: - — Name of Wife or Husband: -

Father's Name: G.G. Blair — Father's Birthplace: —

Mother's Maiden Name: M. Frost — Mother's Birthplace: —

Name of person giving Imformation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Thrush in mouth — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ed Cresap (Surkey)

Address: Rawlings Station Md.

Accident or Suicide: —

LIBRARY BUREAU A88016

Placenta previa

Name in Full: Elizabeth Velma Brannon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Savage — Town — Allegany — County

Date of death 1904: Month: Jan — Day: 20

Age: Years: 2 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Mt Savage

Married, Single or ~~Widowed~~ — Occupation: ——

Name of Wife or Husband: ——

Father's Name: William Brannon — Father's Birthplace: Mt Savage Md

Mother's Maiden Name: Elizabeth Farrell — Mother's Birthplace: Mt Savage Md

Name of person giving In formetion: William Brannon — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Auto Intoxication Purpura Hemorrhagica — How long: 36 hrs

Immediate: Spasms — How long: 3 hours

Are the neme, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan G. Murray M.D.

Address: Mt Savage Md

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A88016

Name in Full: Mary Brannon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Savage — County: Allegany

Date of death 1904 — Month: Jan — Day: 17

Age — Years: 5 — Months: 6 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md Savage

Married, Single or ~~Widowed~~ — Occupation: School Girl

Name of Wife or Husband: 85

Father's Name: J. William Brannon — Father's Birthplace: Md Savage

Mother's Maiden Name: Elizabeth Fawcett — Mother's Birthplace: Md Savage

Name of person giving Information: J. William Brannon — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Auto Intoxicat — How long: 2 days

Immediate: Purpura Hemorrhagica — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F Alan E. Kennedy M.D.

Address: Md Savage Md

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A88516

Name in Full: Benton Bridges

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rd Savage — County: Alegany

Date of death 190 — Month: Jan — Day: 1 — Age: Years: 63 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Bedford, Pa

Married, Single or Widowed: Married — Occupation: Lumberman

Name of Wife or Husband: Annie Miller

Father's Name: John Bridges — Father's Birthplace: Bedford Pa

Mother's Maiden Name: Sarah Cessna — Mother's Birthplace: Bedford Pa

Name of person giving Information: Mrs Annie Bridges — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease & Chronic Bright's Disease — How long: one year

Immediate: Edema of Lungs — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Allen E. Thomas M.D.

Address: Rd Savage, Md

Accident or Suicide? accident

LIBRARY BUREAU A98516

Name in Full: Alpha J Bradrup

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Jan	6	Age 68	10	—

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: House keeper — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 5 yr

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L Bradrup M.D.

Address: [redacted] Va ave Cumberland Md

Accident or Suicide? No

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LIBRARY BUREAU A33616

Name in Full: Ruth Boyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Jan; Day: 30

Age: Years: —; Months: 6; Days: —

Sex: Female; Color or Race: White; Birthplace: Lonaconing

Married, Single or Widowed:

Occupation: none

Name of Wife or Husband:

Father's Name: John R. Boyd; Father's Birthplace: Scotland

Mother's Maiden Name: Emma Buckley; Mother's Birthplace: Maryland

Name of person giving information: Jas R. Boyd; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis; How long: 3 days

Immediate: Meningitis (Cerebral); How long: 12 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Stirling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU 428816

Name in Full: Benj. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cumberland. (County): allegany

Date of death: Month: Jan Day: 30 1904 | Age: Years: 48 Months: Days:

Sex: Male | Color or Race: White | Birthplace: —

Occupation: Laborer | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: — | Father's Birthplace

Mother's Maiden Name: — | Mother's Birthplace

Name of person giving In formation | How related to deceasad

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. N. Lowe

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Rush

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Conn — County: Allen

Date of death: Month: 1 — Day: 31 — Years: 1904 — Age: 18 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Rush — Father's Birthplace: Pa

Mother's Maiden Name: Philomena Bay — Mother's Birthplace: Pa

Name of person giving Information: George Rush — How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: One week

Immediate: Peritonitis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L Carder

Address: ~~Enfield~~ Thompsonville

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Minnie Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 1 — Day: 24 — Years: 1 — Months: — — Days: —

Sex: Female — Color or Race: W — Birthplace: Cumberland Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John Coleman — Father's Birthplace: N. B.

Mother's Maiden Name: — — Mother's Birthplace: N. B.

Name of person giving Imformation: John Coleman — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capilary Bronchites — How long: 4 Days

Immediate: Convulsions — How long: 2 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Turner

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A89516

Name in Full: Euphema Ann Connor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bonacoming; County: Allegany

Date of death 1904: Month: Jan; Day: 26; Age: Years: 37; Months: 6; Days:

Sex: Female; Color or Race: White; Birthplace: Allegheny Co. Pa

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: John M. Connor

Father's Name: Wm. S. Beveridge; Father's Birthplace: Scotland

Mother's Maiden Name: Jane Auld; Mother's Birthplace: "

Name of person giving Information: Mrs. S Dunn; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

42

CAUSES OF DEATH

Primary: Carcinoma of Mamma; How long: 9 months

Immediate: Pneumonia; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Bonacoming Md

Accident or Suicide? No

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88312

Name in Full: Gloch. Theodore Cope

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Jan	26	Age 21	7	5

Sex: Male | Color or Race: White | Birthplace: Cumberland Md

Occupation: In worker | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband: none

Father's Name: (Dead) | Father's Birthplace:

Mother's Maiden Name: Annie M Cope | Mother's Birthplace: Md

Name of person giving information: Mother | How related to deceased: mother

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 1 yr

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Bo a Drug Mo

Address: 98 Va ave Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Thomas Crabtree

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cumb'd — County: Allegheny

Date of death: Month: Jan'y — Day: 25 — Year: 1904 — Age: Years: 71 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving Imformation: George Crabtree — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Filed 1904

Accident or Suicide?

Signature of Physician: J. M. Spear

Address: Heart Office

Cumb'd Md

LIBRARY BUREAU A89016

Name in Full: Andrew Jackson Casey

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Barton County: Allegany

Date of death 1904: Month: Jan Day: 16

Age: Years: 39 Months: 1 Days: 2

Sex: Male Color or Race: White Birthplace: W Va

Married, Single or Widowed: Married Occupation: Saloon Keeper

Name of Wife or Husband: Mattie McIntyre

Father's Name: Patrick Casey Father's Birthplace: Ireland

Mother's Maiden Name: Annie Ball Mother's Birthplace: Ireland

Name of person giving information: Mrs A. J. Casey How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism How long: several Years

Immediate: Heart failure How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher

Address: Barton, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Baby Dall,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland. County: Allegany

Date of death 1904: Month: Jany Day: 7

Age: ~~Years~~ — Months — Days —

Sex: Male Color or Race: White Birthplace: Cumberland Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: B. K. Dall Father's Birthplace: Md.

Mother's Maiden Name: Winifred Kilcain Mother's Birthplace: Pa.

Name of person giving information: Father How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know Dead How long: —

Immediate: several days after birth. How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. H. Hawkins.

Address: Cumberland, Md.

Accident or Suicide: —

LIBRARY BUREAU A6881A

Name in Full: A. Lincoln Davies

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Jan — Day: 8th — Age — Years: 48 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Passenger Conductor — Where Residing if not at place of death: Connellsville Penna

Married, Single or Widowed: — Name of Wife or Husband: Miss. Frank

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

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Name of person giving Information: Newspaper — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Green

Address: Cumberland

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Viola Dawson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Jan; Day: 2

Age: Years: 4; Months: 8; Days: 9

Sex: Female; Color or Race: White; Birth-place: Lonaconing Md.

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: John E. Dawson; Father's Birthplace: Maryland

Mother's Maiden Name: Mandana Groves; Mother's Birthplace: "

Name of person giving information: Mandana Dawson; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles; How long: 8 days

Immediate: Bronchs-Pneumonia; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Dixon Porter

Address: Lonaconing Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Helen Glennie Dayton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND.

Died at: Town: Luke — County: Allegany

Date of death 1904 — Month: ~~January~~ — Day: 15

Age — Years: 2 — Months: 2 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Virginia

~~Married, Single or Widowed~~

Occupation: Nursing

~~Name of wife~~

Father's Name: Edward Dayton 98 — Father's Birthplace: Md

Mother's Maiden Name: Lucy Dawson — Mother's Birthplace: Md

Name of person giving Information: N. S. Dawson — How related to deceased: Grandparent

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pneumonia — How long: 10 days

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Long.

Address: Piedmont Md

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Althea M. Devecman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 1 — Day: 30 — Age — Years: 71 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

~~Married~~, ~~Single~~ or Widowed — Occupation

~~Name of Wife~~ or Husband: W. Devecman

Father's Name: Williams Coombs — Father's Birthplace: Md

Mother's Maiden Name: 79. — Mother's Birthplace

Name of person giving information: W.C. Devecman — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 2 hours

Immediate: Rupture of Coronary Artery — How long: Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. M Lane M.D

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A83516

Deceased

Rose Hill Cemetery

Name in Full: Hulda Drum

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County: Allegany

Date of death 1904: Month: 1 — Day: 13 — Age: Years: 28 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Cumberland Md

Occupation: Pensioner Widow — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Geo W Drum — Father's Birthplace: Md.

Mother's Maiden Name: Amanda J Steer — Mother's Birthplace: Ohio

Name of person giving Imformation: Geo W Drum — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 months

Immediate: Hemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. W. Faulkner

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A83818

Name in Full: John M. Eagan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Midland — County: Allegany

Date of death 1904: Month: Jan — Day: 16 — Age: Years: 53 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Business & Speculator

Name of Wife or Husband: Anna J. McMahon

Father's Name: Edward B Eagan — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: John A Eagan — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Gastritis — How long: 30 Minutes

Immediate: Angina — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alf Smith

Address: Midland Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A8551G

Name in Full: David Evans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County: Allegany

Date of death 190 4: Month: Jan — Day: 24 — Age: Years: 28 yrs — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widower — Occupation: Car Repairer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation — How related to deceased

27.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. B. Clayton Md

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A55515

Name in Full: Ida Francis Fuller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport; County: Allegany

Date of death 1904: Month: 1; Day: 20

Age: Years: 44; Months: 11; Days: 19

Sex: Female; Color or Race: White; Birthplace: Westernport

Married, Single or Widowed:

Occupation: Housekeeper

Name of Wife of Husband: Melville C. Fuller

Father's Name: Chas. A. Fagenkandt; Father's Birthplace:

Mother's Maiden Name: 74; Mother's Birthplace:

Name of person giving Information: Mrs Minnie Stewart; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tabes Dorsalis; How long: 3 days

Immediate: Abscess of Brain following Paralysis of Left Side; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. H. Parsons. Consult

Address: Dr Alberts & Hoffman Piedmont Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A69818

Chas W Lenthen + S R Walker

Edward T. Corbin.

Mar 1st 1915

Feb 5 1914

Name in Full: Mrs. Thos Geares.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Jan; Day: 24; Age: Years: 65; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Williamsport

Married, Single or Widowed: Married; Occupation: Home wife

Name of ~~Wife or~~ Husband: Thomas Geares

Father's Name: J. S. Miller; Father's Birthplace: Ireland

Mother's Maiden Name: Anna Hallman; Mother's Birthplace: Williamsport

Name of person giving information: Thos. Gears.; How related to deceased: Husband.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 4 days

Immediate: Endocarditis; How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Skilling

Address: Lonaconing.

Accident or Suicide? No.

LIBRARY BUREAU A96518

Name in Full: Audrey Gillespie Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perkin — County: Cecil

Date of death 1904: Month: Jan — Day: 13 — Age: Years: 1 — Months: one — Days: —

Sex: Male — Color or Race: White — Birthplace: Perkin

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: —

Father's Name: Edward Gillespie — Father's Birthplace: Perkin

Mother's Maiden Name: Annie Stovell — Mother's Birthplace: Portsmouth Va.

Name of person giving information: Mary Gillespie — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: —

Immediate: Inanition — How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Skilling

Address: Perkin

Accident or Suicide? No

LIBRARY BUREAU A28519

Name in Full: Baby Gillespie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perkins. County: Allegany

Date of death 1904: Month: Jan. Day: 17

Age: Years: — Months: — Days: 10

Sex: Female. Color or Race: White. Birthplace: Perkins

Married, Single or Widowed: — Occupation: none

Name of Wife or Husband: —

Father's Name: Virginia Gillespie. Father's Birthplace: West Virginia

Mother's Maiden Name: Mary Gillespie. Mother's Birthplace: Perkins

Name of person giving information: Mrs. Ed Gillespie. How related to deceased: Aunt.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition. How long: About two days.

Immediate: Convulsions. How long: Only few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Skilling

Address: Lonaconing, Md.

Accident or Suicide? No.

LIBRARY BUREAU A99916

Name in Full: Cornelius Grindle -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Jan; Day: 25 -; Years Age: 52; Months: 8; Days: 23

Sex: Male; Color or Race: White; Birthplace: England

Married, Single or Widowed: Married; Occupation: Miner

Name of Wife or Husband: Jannet Clarkson

Father's Name: Cornelius Grindle Sr; Father's Birthplace: England

Mother's Maiden Name: Dinah Forford; Mother's Birthplace: England

Name of person giving In formation: Jannet Grindle; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mine injury to Testicle - Epidymitis; How long: 14 days

Immediate: Erysipelas Septicemia & Pneumonia; How long: 4 days

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: James A. Bullock M.D.

Address: Lonaconing Maryland

Accident ~~or Suicide?~~: Accident -

LIBRARY BUREAU A88816

Name in Full: Gus D. Kearns

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Jan — Day: 29 — Age: Years 37 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Brakeman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: John Kearns — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of Deglutition — How long:

Immediate: Paralysis of Deglutition — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. L. Shaw M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jane Hoaken

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bonday Shaft — County: Alleg

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: July	Day: 8	Age: 15	2 Months	2 Days
Sex: F	Color or Race: W			Birth place: Scotland	
Occupation: Domestic		Where Residing if not at place of death: —			
Married, Single or Widowed	Name of Wife or Husband: 9.				
Father's Name: Jno Hoaken				Father's Birthplace: Scotland	
Mother's Maiden Name: Liggie Knowles				Mother's Birthplace: "	
Name of person giving information: Self				How related to deceased: None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria	How long: 3 weeks
Immediate: Acute Diphtheria	How long: 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: [illegible]
	Address: [redacted] Scotland
Accident or Suicide?	

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LIBRARY BUREAU A88816

G. Mayer

Allegany County

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegheny

Date of death 190 — Month: 1 — Day: 10

Age — Years: — Months: — Days: 1

Sex

Color or Race: White

Birthplace

Married, Single or Widowed

Occupation: S.

Name of Wife or Husband

Father's Name: J. M. Hotchkiss — Father's Birthplace: Allegheny Co

Mother's Maiden Name: Ida May Wright — Mother's Birthplace: Alleghany Co

Name of person giving information: J. M. Hotchkiss — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Still born. — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: F. L. Wilson M.D.

Address: Piedmont W. Va.

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Anna G. Houck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumld. County: Alleganny

Date of death 1904: Month: Jan Day: 31 Age: Years: 7 Months: 2 Days: —

Sex: Female Color or Race: White Birthplace: Cumld.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo Houck Father's Birthplace: Gettysburg

Mother's Maiden Name: Barbara Bigler Mother's Birthplace:

Name of person giving Imformation: Geo Houck How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

TO BE ANSWERED BY PHYSICIAN OR CORONER

Primary: Endocarditis How long: 10 days

Immediate: Pneumonia How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Wernick

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A888-16

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Name in Full: Jacob Leon Hughs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany

Date of death 1904: Month: 1 — Day: 17 — Age: Years: — Months: 9 — Days: 1

Sex: Mal — Color or Race: White — Birth-place: Westernport

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob W. Hughs. — Father's Birthplace: Maryland

Mother's Maiden Name: Annie L. Knight — Mother's Birthplace: Maryland

Name of person giving In formation: Jacob W. Hughs — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarr of bowels — How long: 2 or 3 month

Immediate: Exaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J B Thrupe

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Inf of Wm Hutzler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Corriganville; County: Allegany

Date of death: Month: Jan; Day: 4th; Year: 1904; Age: —; Months: —; Days: 1

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: S; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Hutzler; Father's Birthplace: Md

Mother's Maiden Name: Emma S. Crabtree; Mother's Birthplace: Md

Name of person giving information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born; How long: —

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Carl Smith

Address: Ellerslie Md

Accident or Suicide?

LIBRARY BUREAU A3301G

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Jacob S. Jamesson

TO BE ANSWERED BY NEAREST FRIEND

Died at: Westernport — Town: — County: Allegany

Date of death 1904	Month	Day	Age: Years	Months	Days
	1	29	73	5	6

Sex: Male — Color or Race: White — Birthplace: Virginia

Married, Single or Widowed: Married — Occupation: Banker

Name of Wife ~~or Husband~~: Catherine Harris Jamesson

Father's Name: L W Jamesson — Father's Birthplace: Virginia

Mother's Maiden Name: Elizabeth Stump — Mother's Birthplace: Maryland

Name of person giving In formation: S M Fridlock — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Softening of Brain — How long: about 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W Jarvis Council

Address: Piedmont W Va

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Joseph Joseph

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westernport — County: Allegany

Date of death 1904 — Month: 1 — Day: 1 — Age — Years: 9 days — Months — Days: 9

Sex: Male — Color or Race: White — Birthplace: Westernport

Married, Single or Widowed: Infant — Occupation: Infant

Name of Wife or Husband: x

Father's Name: Alexander Joseph — Father's Birthplace: Bayreuth Ger

Mother's Maiden Name: Sadie Joseph — Mother's Birthplace: Bayreuth Ger

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal decease — How long: 9 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. V. Parsons

Address: Westernport Md

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Frank B. McFarren

CERTIFICATE OF DEATH

MARYLAND

Died at: Cumberland — Town: ~~Cresh Creek~~ — County: Allegany

Date of death	Month	Day	Age	Years	Months	Days
1904	Jan	8th		38	—	—

Sex: Male — Color or Race: White — Birthplace: —

Occupation: Fireman — Where Residing if not at place of death: Washington Co Md

Married, Single or Widowed: Married — Name of Wife or Husband: —

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Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Newspaper — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Railroad wreck — How long: —

Immediate: Crushed — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Bear

Address: Cumberland

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Harry P. Kirby

CERTIFICATE OF DEATH

MARYLAND

Cumberland — Died at: ~~Gibbet Creek~~ Town — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Jan — Day: 8th — Age: Years 25 — Months — — Days

Sex: Male — Color or Race: White — Birthplace: Balto Md

Occupation: Passenger Fireman — Where Residing if not at place of death: Balto Md

Married, Single or Widowed: Married — ~~Name of Wife~~ Husband of: Clara Evans

Father's Name — Father's Birthplace

Mother's Maiden Name: Ellen Kirby — Mother's Birthplace

Name of person giving Imformation: Newspaper — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Railroad wreck — How long —

Immediate: Crushed — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Falor

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Agnus Logsdon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd. County: Allegany

Date of death 190: Month: Jany. Day: 11 Age: Years: 68 Months: 10 Days: 4

Sex: Femle Color or Race: White Birth-place:

Occupation: Where Residing If not at place of death:

~~Married~~, Single or ~~Widowed~~: Name of Wife or Husband:

93.

Father's Name: Dead Father's Birthplace:

Mother's Maiden Name: Dead Mother's Birthplace:

Name of person giving Imformation: Amos Frost How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cacd How long:

Immediate: Pleuro Pneumonica How long: 12 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Jones Odine

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Nora Laird

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: Jan — Day: 4 — Age — Years: 0 — Months: — Days:

Sex: Female — Color or Race: White — Birth-place: Lonaconing

Married, Single or Widowed — Occupation: None

Name of Wife or Husband:

Father's Name: Adam Laird — Father's Birthplace: Lonaconing

Mother's Maiden Name: Fannie McFatt — Mother's Birthplace: Pa

Name of person giving In formation: Mrs Laird — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles & Pneumonia — How long: 10 days

Immadiate: Meningitis (Cerebral) — How long: 0 days

Are tha name, age, sex, color, date and placa correctly given above? Yes — Signatura of Physician: W B Skilling

Address: Lonaconing

Accident or Suicida?

LIBRARY BUREAU A88516

Name in Full: Ellen Nora McGuigan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Westernport — Town

County: Allegany

Date of death 1904: Month 1 — Day 1

Age: Years 57 — Months 5 — Days 20

Sex: Female

Color or Race: White

Birthplace: Allegany Co

Married, Single or Widowed: Married

Occupation: Housewife

Name of ~~Wife or~~ Husband: John W. McGuigan

Father's Name: John Naughton

Father's Birthplace:

Mother's Maiden Name: Hannora Lilly 80

Mother's Birthplace:

Name of person giving Information: John McGuigan

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

How long: Sudden

Immediate: Neuralgia of heart

How long: Sudden

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: T. L. Tibbon, M.D.

Address: Piedmont W.Va.

Accident or Suicide?

LIBRARY BUREAU A36516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Westernport — (County) Allegany

Date of death 1904 — Month 4 — Day 29 — Age Years 5 — Months 5 — Days 29

Sex Boy — Color or Race White — Birthplace Westernport

Married, Single or Widowed child — Occupation child

Name of Wife or Husband X

Father's Name Bruce Mickle — Father's Birthplace Pennsa

Mother's Maiden Name Duckworth — Mother's Birthplace Maryland

Name of person giving In formation Bruce Mickle — How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Spasms — How long 6 hours

Immediate Heart failure — How long 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician J. B. Shupe

Address Westernport

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Baby McCarty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 190 4: Month: June Day: 9

Age: Years: Months: 6 Days:

Sex: Illegitimate Color or Race: White Birthplace: Lonaconing,

Married, Single or Widow(er): ~~Married~~ Occupation: none

Name of Wife or Husband:

Father's Name: Geo B. McCarty Father's Birthplace: Lonaconing

Mother's Maiden Name: Isabella Helen Mother's Birthplace: "

Name of person giving information: G. B. McCarty How related to deceased: Father,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apillary Bronchitis How long: Two weeks

Immediate: Marasmus (Central) How long: 48 hours,

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Killing

Address: Lonaconing,

Accident or Suicide? No

LIBRARY BUREAU A695518

Name in Full: Charles T. Mc Knight

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Jan. — Day: 16 — Age — Years: 5-3 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. B. McDonald.

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Virginia McKnight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 190 4: Month: Jan; Day: 9

Age: ~~Years~~ 6 months; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

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Father's Name: John W. McKnight; Father's Birthplace: Md

Mother's Maiden Name: Anna Duncan; Mother's Birthplace: Md

Name of person giving Information: J. W. McKnight; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long:

Immediate: Pneumonia; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. S. Haile M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A888-16

Humboldt St

Name in Full: Patriek Mullin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middlethian — County: Allegany

Date of death: Month: 1 — Day: 3 — Years: Age 57 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Miner — Where Residing if not at place of death: Stone

Married, Single or Widowed: Married — Name of Wife or Husband: Julia Mullin

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

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Name of person giving Information: ~~Son~~ John Mullin — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miners asthma — How long: 15 years

Immediate: General breaking down — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mahoney

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88018

So M

Catholic County —

Name in Full: Hannah Donohoe Murphy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport; County: Allegany

Date of death 1904: Month: 4; Day: 5

Age: Years: 78; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Ireland.

Married, Single or Widowed: Widow; Occupation:

Name ~~of Wife or~~ Husband: Jas. Murphy.

Father's Name: — Donohoe; Father's Birthplace: Ireland.

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information: Patrick Murphy.; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart failure; How long: found dead in bed

Immediate: X; How long: X

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Shupe

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A63515

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Month: Jan Day: 24 Age: Years: Still Months: — Days: —

Sex: Female Color or Race: White Birthplace: Cumb'd Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name or Wife or Husband: —

Father's Name: F. D. Myers Father's Birthplace:

Mother's Maiden Name: Edith Rauschlein Mother's Birthplace:

Name of person giving In formetion: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C H Brace

Address: Cumb'd Md.

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Winifred O'Holleran

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: Jan — Day: 29 — Age — Years: 46 — Months: 8 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widowed — Occupation: Housework

Name of Wife or Husband: Patrick O'Holleran - deceased

Father's Name: Thomas Burke — Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Burke — Mother's Birthplace: Ireland

Name of person giving Information: 27 — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Phthisis — How long: 2 1/2 years -

Immediate: Exhaustion — How long: 3 - weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James O. Bullock

Address: Lonaconing Maryland

Accident or Suicide? No -

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LIBRARY BUREAU A83516

Name in Full: Wm Piper.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: ____

Date of death: 1904 Month: 1 Day: 3 Age: Years 24 Months ____ Days ____

Sex: Male Color or Race: White Birthplace: Garrett County

Occupation: Laborer Where Residing if not at place of death: ____

~~Married~~, Single or Widowed: ____ Name of Wife or Husband: ____

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Father's Name: Chas Piper. Father's Birthplace: ____

Mother's Maiden Name: ____ Mother's Birthplace: ____

Name of person giving Imformation: Daniel Baker How related to deceased: ____

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis How long: 3 mos

Immediate: Exhaustion How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Swigart M.D.

Address: Cumberland Md

Accident or Suicide? ____

LIBRARY BUREAU

Name in Full: Oliver Poland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queen [illegible] County: Allegany County

Date of death 1904: Month: 1 Day: 16

Age: Years: 43 Months: 2 Days: 5

Sex: Male Color or Race: White Birthplace: Grassy Lick

Married, Single or Widowed: Widower Occupation: Miner

Name of Wife or Husband:

Father's Name: James Poland Father's Birthplace: Westernport

Mother's Maiden Name: Elizabeth Dawson Mother's Birthplace: Keyser

Name of person giving Information: Mrs. Wm. H. Green How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colloid Cancer How long: About 1 year,

Immediate: Exanition How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. F. B. Skilling

Address: Lonaconing, Md.

Accident or Suicide? No

LIBRARY BUREAU A66616

Thos Donaldson
Howard Patterson
Robert Mooney
Jos. McLaughlin
Joshua Bennett
Jon. Johnson
Geo Andrews
Chas Green
Chas Brewer
Henry Lynch

Name in Full: John William Porter

CERTIFICATE OF DEATH

Died at: Town: Mt. Savage — County: Allegany — MARYLAND

Date of death 1904: Month: Jan — Day: 28 — Age: Years: 1 — Months: 5 — Days: +

Sex: Male — Color or Race: White — Birthplace: Mt. Savage Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: John Porter 90. — Father's Birthplace: Allegany Co. Md

Mother's Maiden Name: Rosa Mary Lunney — Mother's Birthplace: Bedford Co. Pa

Name of person giving information: J.W. Lunney — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Duanition — How long: 15 mos.

Immediate: Bronchitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Landes

Address: Mt. Savage Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Rar

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 190 4 — Month: Jan. — Day: 8

Age — Years: 0 — Months: — Days: 27

Sex: Female — Color or Race: White — Birthplace: Lonaconing

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm. Rar — Father's Birthplace: Midland.

Mother's Maiden Name: Isabel Brinslow — Mother's Birthplace: Braindual?

Name of person giving Information: Mrs. Wm Rar — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia ✓ — How long: 1 week

Immediate: Dyspnoea 92 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry M. Rodgers.

Address: Lonaconing, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jane Rafferty

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death: 1904 — Month: Jan — Day: 31st — Age: Years: 2 — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Frostburg Md

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles Rafferty — Father's Birthplace: Frostburg Md

Mother's Maiden Name: Anastatia Scalka — Mother's Birthplace: Frostburg Md

Name of person giving information: Michael Rafferty — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: Since birth

Immediate: Cardiac exhaustion — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Colby

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU AGUSIG

Catholic Cemetery

C. F. Nickel.

Name in Full: Michael Reddy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage County: Allg

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: Jan Day: 26 Age: Years: 53 Months: Days:

Sex: Male Color or Race: White Birthplace: Mt. Savage

Married, Single or Widowed: Widowed Occupation: Laborer

Name of Wife or Husband: Ann Lynch

Father's Name: Michael Reddy Father's Birthplace: Ireland

Mother's Maiden Name: Jane Burke Mother's Birthplace: "

Name of person giving information: Mary Lindner How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Abscess Lung How long: 3 Weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. F. L. Conroy

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Johannah Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 1; Day: 10; 1904

Age: Years: 83; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: H. W.; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of ~~Husband~~ Husband: James Richardson

Father's Name: Jeremiah Crowley; Father's Birthplace: Ireland

Mother's Maiden Name: —; Mother's Birthplace: Ireland

Name of person giving Information: Frank Richardson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: apoplexy; How long: 4 Weeks

Immediate: Asthenia; How long: 4 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mahoney

Address: Frostburg, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Fannie Ridgeon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: January — Day: 26 — Years: Age 48. — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Keyser

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: E. F. Ridgeon

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Imformation: E. F. Ridgeon — How related to deceased: Husband

66.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 hours

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. N. Frost.

Address: [redacted] Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Eli Seibert Roberts

CERTIFICATE OF DEATH

MARYLAND

Cumberland — Died at: Little Creek — Town — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Jan — Day: 8th — Age: Years 58 — Months — — Days

Sex: Male — Color or Race: White — Birthplace: W Va

Occupation: Passenger Engineer — Where Residing if not at place of death: Baltimore Md

Married, Single or Widowed: Married — Name of Wife or Husband: Miss. Krantz

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Newspaper — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Railroad wreck — How long

Immediate: Shock from scald — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Spear

Address: Cumberland Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A83818

Name in Full: James Rushton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Conaconing; County: Allegany

Date of death 190 4: Month: Jan; Day: 19; Age: Years: 24; Months: 4; Days: /

Sex: Male; Color or Race: White; Birthplace: Conaconing Md.

Married, Single or Widowed: Married; Occupation: Coal Miner

Name of Wife or ~~Husband~~: Kate Rowan

Father's Name: Geo Rushton; Father's Birthplace: England

Mother's Maiden Name: Maria Evans; Mother's Birthplace: Wales

Name of person giving Information: George Rushton; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 3 weeks

Immediate: Bronchs-Pneumonia; How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Eaton Toth

Address: Conaconing Md.

Accident or Suicide? No

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LIBRARY BUREAU A88818

Name in Full: Don Sealy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Eckhart — County: Allegany

Date of death 1904 — Month: 1 — Day: 24 — Age: Years: 1 year — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Kloudyke

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Sealy — Father's Birthplace: U. S.

Mother's Maiden Name: Mary Brode — Mother's Birthplace: U. S.

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: 2 weeks

Immediate: asphyxia — How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas D Blodgett M.D.

Address: Frostburg, Md.

Accident or Suicide?

9

LIBRARY BUREAU A88516

Catholic Cem

C. J. Nakel

Name in Full: William Simon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Jan — Day: 11 — Age: Years 5 — Months — — Days 5

Sex: Male — Color or Race: White — Birthplace: Cumberland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Simon — Father's Birthplace: Keyser

Mother's Maiden Name: Margaret Norton — Mother's Birthplace: Cumberland

Name of person giving Information: Mrs Simon — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal obstruction — How long: 36 hours

Immediate: Peritonitis — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Weimer

Address: Cumberland, Md.

Accident or Suicide? —

LIBRARY BUREAU A93816

Name in Full: Margaret L. Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death 1904 — Month: Jan'y — Day: 6th — Age: Years 1 — Months 4 — Days

Sex: Female — Color or Race: White — Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary bronchitis & Pneumonia — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. J. W. Price

Address: Frostburg.

Accident or Suicide?

9

LIBRARY BUREAU A88518

Name in Full: Joseph. Edward Snider

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death 190 4: Month: Jan; Day: 20

Age: Years: ; Months: 7; Days: 26

Sex: Male; Color or Race: White; Birthplace: Cumberland

Married, Single or Widowed: Infant; Occupation:

Name of Wife or Husband:

Father's Name: J. W. Snider 4; Father's Birthplace: Fulton Co. Pa.

Mother's Maiden Name: Alice True; Mother's Birthplace: Fulton Co. Pa.

Name of person giving information: Alice True; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis; How long: 2 weeks

Immediate: Convulsions; How long: 20 min.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. L. Burkdall

Address: 116 Va. Ave.

Accident or Sulcide?

LIBRARY BUREAU A8861B

Name in Full: Bertie Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Jan; Day: 10; Years: 18; Months; Days

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: George Snyder; Father's Birthplace: Maryland

Mother's Maiden Name: Mary MacMinch; Mother's Birthplace: Pa

Name of person giving Information: Mother; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 2 years

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Spear

Address: Cumberland Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A8516

Name in Full: Mrs. Jane Inman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: Jan; Day: 8

Age: Years: 86; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace:

Married, Single or Widowed: Widowed; Occupation:

Name of Wife or Husband: Samuel Inman

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: ; How related to deceased:

66.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: 4 days

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robt. A. Long M.D.

Address: Cumberland, Md.

Accident or Suicide?

9

LIBRARY BUREAU A33516

Name in Full: Mary Thrasher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: June — Day: 15 — 1904

Age: Years: 93 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: ~~Thomas~~ Enoch Thrasher

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Jr. C Wolford — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Spier

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A33015

Name in Full: Adam M. Virtue

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Jan; Day: 26; 1904

Age: Years: 73; Months: —; Days: —

Sex: male

Color or Race: White

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband: Dead

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dead

Father's Birthplace:

Mother's Maiden Name: Dead

Mother's Birthplace:

Name of person giving Imformation: S. A Berlin

How related to deceased: Son in Law

64.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 36 hrs

Immediate: Paralysis

How long: 36 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Beach M D

Address: Cumb'd Md

Accident or Suicide?

LIBRARY BUREAU A88010

Name in Full: Waddell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904: Month: Jan — Day: 22 — Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Cumberland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Julius E. Waddell — Father's Birthplace: Va

Mother's Maiden Name: Mary Maloney — Mother's Birthplace: Ire Va

Name of person giving Information: J E Waddell — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Maternal syphilis — How long: —

Immediate: Premature Birth — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C B Blackford MD

Address: Cumberland Md

Accident or Suicide?

9

Name in Full: William Walker

CERTIFICATE OF DEATH

MARYLAND

Died at: ~~Lonaconing~~ Moscow (Town) Mills (County) Allegany

Date of death 1904: Month Jan, Day 17

Age: Years 1, Months 1, Days 1

Sex: Male

Color or Race: White

Birthplace: Scotland

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband: —

Father's Name: Robert Walker

Father's Birthplace: Scotland

Mother's Maiden Name: Elizabeth Smith

Mother's Birthplace: Scotland

Name of person giving Information: Robert Walker

How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 4 days

Immediate: Pneumonia — How long: 15 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. O. Bullock

Address: Lonaconing Maryland

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: J. W. Wells

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Savage — County: Allg.

Date of death 190 f — Month: Jan — Day: 18 — Age — Years: 44 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: NO

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: J. Wells — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright Disease — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. E. Gaumer

Address: Mt Savage Md.

Accident or Suicide?

Undertaker

LIBRARY BUREAU A88213

Name in Full: Lulie May Whigam

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Clarks Mill near Cumb County: allegany

Date of death	Month	Day	Years	Months	Days
1904	Jany	30	Age	—	—

Sex: female | Color or Race: White | Birthplace: Hilton Pa

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: maried | Name ~~of Wife or~~ Husband: Authur Nelson Whigam

Father's Name: Clymer | Father's Birthplace: Pa

Mother's Maiden Name: " | Mother's Birthplace: "

Name of person giving Imformation: Authur Nelson Whigam | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

27.

CAUSES OF DEATH

Primary: Pulmonary Tuburculosis | How long:

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. Hodgson | Saw him once about 6 days ago

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: Fredrick Wm Wigger

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near camp ground old Pike — (County) Allegany

Date of death 1904 — Month: 1 — Day: 22 — Age: Years: — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: J B. Wigger — Father's Birthplace: Md.

Mother's Maiden Name: Mary Shank — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased:

8.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Supposed Whooping cough — How long: 3 W + much

Immediate: Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J W Tasker M.D.

Address: Cumberland Md

Accident or Suicide?

9

LIBRARY BUREAU A88516

Name in Full: Norman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County:

Date of death: 1901 — Month: Jan — Day: 12 — Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Peter Norman — Father's Birthplace: Va

Mother's Maiden Name: Fuzzie Hale — Mother's Birthplace: Va

Name of person giving information: Father — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth 6 mo — How long: 1 D

Immediate: Exhaustion — How long: 1 Hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Brown M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A96516

Name in Full: Christine Dallas Woods

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland County: Allegany

Date of death 190 4 | Month: 1 | Day: 5 | Age: Years 5 | Months 9 | Days 25

Sex: Female | Color or Race: Col | Birthplace: C

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Simon Woods | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal | How long: 1 day

Immediate: Shock | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. F. Thompson

Address: 131 N. Mechanic

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Laura Zink

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Allegany

Date of death: 1904; Month: 1; Day: 1; Age: Years: 23; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Singel; Name of Wife or Husband: —

Father's Name: Henry Zinke 27; Father's Birthplace: Emmitsburg

Mother's Maiden Name: Carrie Zimmerman; Mother's Birthplace:

Name of person giving Imformation: Henry Zinke; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: 18 mo

Immediate: Exhumation; How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Twigg

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU AB8316